



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
UNIT OF EMERGENCY MEDICAL SERVICES

**EMS PERSONNEL LICENSE APPLICATION**

**FOR DOH OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE**

EMT LICENSE NO.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Criminal History Attached? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE LICENSED	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
DATE APP. REC'D.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	APPROVED BY/DATE	EXPIRATION DATE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**APPLICANT MUST COMPLETE INFORMATION BELOW** TYPE OR PRINT

1. <input type="checkbox"/> INITIAL LICENSE APP.	IF APPLICABLE	CURRENT MO EMS LIC NO.	<b>AND</b>	EXPIRATION DATE
2. <input type="checkbox"/> RELICENSURE APP.		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
3. TYPE OF LICENSE APPLIED FOR (Check One)		EMT-Basic <input type="checkbox"/> EMT-Paramedic <input type="checkbox"/>		
4. CERTIFICATION/EDUCATION USED FOR INITIAL LICENSURE OR RELICENSURE: (PLEASE CHECK ONLY ONE)				
<input type="checkbox"/> EMT-B NATIONAL REGISTRY <input type="checkbox"/> EMT-P NATIONAL REGISTRY <input type="checkbox"/> EMT-B CONTINUING EDUCATION <input type="checkbox"/> EMT-P CONTINUING EDUCATION				
(Attach copy of card) (Attach copy of card)				
5. NAME (LAST, FIRST, MIDDLE INITIAL)				
SOCIAL SECURITY NUMBER		DATE OF BIRTH	SEX	DAYTIME PHONE NUMBER
		MO ___ DAY ___ YR ___	<input type="checkbox"/> M <input type="checkbox"/> F	E-MAIL ADDRESS (OPTIONAL)
MAILING ADDRESS (STREET)				
CITY		STATE	ZIP CODE	COUNTY
6. NAME OF THE SERVICE YOU ARE CURRENTLY WORKING FOR.				
7. TYPE OF PRESENT PRIMARY EMS AFFILIATION (IF APPLICABLE)				
<input type="checkbox"/> AMBULANCE SERVICE <input type="checkbox"/> UNLICENSED FIRST RESPONDER AGENCY <input type="checkbox"/> POLICE DEPARTMENT				
<input type="checkbox"/> LICENSED EMRA <input type="checkbox"/> FIRE SERVICE <input type="checkbox"/> OTHER				
8. HAVE ANY ADMINISTRATIVE LICENSURE ACTIONS EVER BEEN TAKEN AGAINST YOUR EMT LICENSE IN MISSOURI OR ANY OTHER STATE?				
Yes <input type="checkbox"/> No <input type="checkbox"/> IF YES, EXPLAIN ON ATTACHED SHEET				
9. HAVE YOU EVER BEEN FINALLY ADJUDICATED AND FOUND GUILTY, OR ENTERED A PLEA OF GUILTY OR NOLO CONTENDERE IN A CRIMINAL PROSECUTION UNDER THE LAWS OF ANY STATE OR OF THE UNITED STATES, WHETHER OR NOT YOU RECEIVED A SUSPENDED IMPOSITION OF SENTENCE FOR ANY CRIMINAL OFFENSE?				
Yes <input type="checkbox"/> No <input type="checkbox"/>				
IF YOU HAVE ANSWERED YES TO THE ABOVE QUESTION YOU MUST ATTACH TO YOUR APPLICATION A CERTIFIED COPY OF ALL CHARGING DOCUMENTS (SUCH AS COMPLAINTS, INFORMATIONS OR INDICTMENTS), JUDGMENTS AND SENTENCING INFORMATION AND ANY OTHER INFORMATION YOU WISH CONSIDERED.				
10. I HEREBY CERTIFY THAT:				
A. I am able to speak, read and write the English language.				
B. I do not have a physical or mental impairment which would substantially limit my ability to perform the essential functions of an emergency medical technician with or without a reasonable accommodation.				
C. This application contains no misrepresentations or falsifications and the information given by me is true and complete to the best of my knowledge. I further certify that I have both the intention and the ability to comply with the regulations promulgated under the Comprehensive EMS Act, Chapter 190, RSMo 2000.				
D. <u>I have attached to this application background checks conducted by the State Highway Patrol for each state I have lived in for the past five (5) consecutive years. I have affirmed that there has been no tampering of the background check I am submitting. (Background checks are good for two months from date of issuance.)</u>				
IF RELICENSING USING CONTINUING EDUCATION, PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM				
APPLICANT'S SIGNATURE				DATE

**WARNING:** In addition to licensure action, anyone who knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty may be guilty of a class B misdemeanor, Missouri Statutes 575.060.

**Mail application to: Unit of EMS, P.O. Box 570, Jefferson City, MO 65102**

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